COMMONWEALTH of VIRGINIA

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Office of Emergency Medical Services

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PILOT PROGRAM COMMITTEES MEETING
RECOMMENDATIONS AS APPROVED BY
MEDICAL DIRECTION COMMITTEE
AND
HUMAN RESOURCES AND TRAINING COMMITTEE
ON
OCTOBER 18, 2001

Pilot Program Members Present (9-19-01)		Others Present
Debra Brennanman	Thomas Schwalenberg	Michelle Burns
Lorna Ramsey	Gary Burke	Ken Clark
Kester Dingus	Sal Marini	Warren Short
Gilbert Elliott	Nicholas Klimenko	
Colleen Holliday	Larry Oliver	

The meeting was called to order at 9:00 AM in Conference Room "A" at the Richmond Ambulance Authority building.

Warren welcomed the participants and reviewed the goals of the meeting. The participants then identified who they were and whom they represented.

The **Intermediate** program was reviewed first.

Lorna Ramsey, Sal Marini and Gary Burke provided an overview of the pilot programs they conducted. They all agreed that clinicals are what is driving the length of the program. Discussion followed that clinical hours for the program need to provide a more realistic time frame. Students became frustrated when based on hours they had not completed due to lack of minimal contacts for competencies. Because the length of time to accomplish the competencies, review classes had to be initiated due to the time "out of

class." Also discussed was the difficulty in meeting the airway competencies. This is a problem statewide. To assist in off setting the length of time to meet competencies, it was suggested to use a variety of clinical sites, not just the Emergency Departments and OR, but places like outpatient surgery facilities and pediatric clinics and offices.

The committee recommends that minimum hours be assigned for each module of the curriculum rather than for each topic in the module. Passed 9 for, 0 against, 1 abstains.

It was felt this approach provided for good standardization while allowing for flexibility between the needs of the students in various programs. Minimal contact hours were established for each module. This does not imply that topics in a module can be omitted. Every topic must be reviewed in class. However, it does not assign minimum contact hours for each topic, just for the overall module.

Hours for the didactic and lab aspects were assigned as follows:

Intermediate Program Didactic and Lab hours

Module	Topics	Minimum Contact Hours
Preparatory		**32**
	Found. Of the EMT I	
	Overview of Human Systems/Roles and Responsibilities	
	Emergency Pharmacology	
	Medication Administration	
Airway Management & Ventilation		**16**
	Airway Management & Ventilation	
Patient Assessment		**16**
	History Taking	
	Technique of Physical Examination	
	Patient Assessment	
	Clinical Decision Making	
	Communications	
	Documentation	
Trauma		**20**
	Trauma Systems/Mechanism of Injury	
	Hemorrhage and Shock	
	Burns	
	Thoracic Trauma	
	Practical laboratory	
Medical		**84**
	Respiratory Emergencies	
	Cardiac Emergencies	

	Diabetic Emergencies	
	Allergic Reaction	
	Poisoning/OD Emergencies	
	Neurological Emergencies	
	Abdominal Emergencies	
	Environmental Emergencies	
	Behavioral Emergencies	
	Gynecological Emergencies	
Special Considerations		**24**
	Obstetric Emergencies	
	Neonatology	
	Pediatrics	
	Geriatrics	
Assessment Based Management		**12**
Totals		**204**

The next item considered was the **Cardiac Technician (CT) to Intermediate (I) Transition** program.

The committee recommends that minimum hours be assigned for each module of the curriculum rather than for each topic in the module. Passed 9 for, 0 against, 1 abstain.

The committee recommends that the CT to I Transition program only be allowed to be taught in a modular approach rather than individual topic programs except for the Medical module which may be split into two or three segments but that each section in the module must be presented. ….Passed 10 for, 0 against, 0 abstain.

The discussion indicated that this approach allowed as mush or as little time as required based upon the needs of the class and could therefore better accommodate a programs individual needs. This does not mean that topics in a module can be omitted. Every topic must be reviewed in class. However, it does not assign minimum contact hours for each topic, just for the overall module.

The committee recommends that programs like ACLS, BTLS, PALS, PHTLS, PEPP, PPC, etc not be allowed to substitute to the CT to I Curriculum or any part thereof… Passed 10 for, 0 against, 0 abstain.

The committee felt that programs such as ACLS, BTLS, etc were good courses but did not fully comply with the programs learning objectives.

The Committee supported the idea that for each section of a module a title page to provide information as to the number of learning objectives identified as possessing new information compared to the total number of learning objectives.

Cardiac Technician to Intermediate (CT to I) Transition

Module	Topics	Minimum Contact Hours
Preparatory		**16**
	Found. Of the EMT I	
	Overview of Human Systems/Roles and Responsibilities	
	Emergency Pharmacology	
	Medication Administration	
Airway Management & Ventilation		**8**
	Airway Management & Ventilation	
Patient Assessment		**6**
	History Taking	
	Technique of Physical Examination	
	Patient Assessment	
	Clinical Decision Making	
	Communications	
	Documentation	
Trauma		**8**
	Trauma Systems/Mechanism of Injury	
	Hemorrhage and Shock	
	Burns	
	Thoracic Trauma	
	Practical laboratory	
Medical		**16**
	Respiratory Emergencies	
	Cardiac Emergencies	
	Diabetic Emergencies	
	Allergic Reaction	
	Poisoning/OD Emergencies	
	Neurological Emergencies	
	Abdominal Emergencies	
	Environmental Emergencies	
	Behavioral Emergencies	
	Gynecological Emergencies	
Special Considerations		**12**

	Obstetric Emergencies	
	Neonatology	
	Pediatrics	
	Geriatrics	
Assessment Based Management		**4**
Totals		**70**

There will be three options for Cardiac Technicians who complete the CT to Intermediate Transition program to obtain Virginia Intermediate Certification:

1) Take the Virginia Intermediate Certification Examination.
2) Take the National Registry Intermediate / 99 examination and apply through reciprocity to obtain Virginia Intermediate Certification.
3) Be exempt by their OMD for the Virginia Intermediate Examination.

I/99 to Paramedic Bridge

The committee recommends that minimum hours be assigned for each module of the curriculum rather than for each topic in the module. Passed 9 for, 0 against, 1 abstain.

Intermediate/99 Bridge to Paramedic

Module	Topics	Minimum Contact Hours
Preparatory		**40**
	EMS Systems/Roles and Responsibilities	
	The Well Being of the Paramedic	
	Illness and Injury Prevention	
	Medical Legal Issues	
	Ethics	
	General Principles of Pathophysiology	
	Pharmacology	
	Venous Access and Medication Administration	
	Therapeutic Communications	
	Life Span Development	
Airway Management and Ventilation		**8**
	Airway Management and Ventilation	
Patient Assessment		24
	History Taking	
	Techniques of Physical Examination	

	Patient Assessment	
	Clinical Decision Making	
	Communications	
	Documentation	
Trauma		**44**
	Trauma Systems/Mechanism of Injury	
	Hemorrhage and Shock	
	Soft Tissue Trauma	
	Burns	
	Head and Facial Trauma	
	Spinal Trauma	
	Thoracic Trauma	
	Abdominal Trauma	
	Musculoskeletal Trauma	
Medical		**96**
	Pulmonary	
	Cardiology	
	Neurology	
	Endocrinology	
	Allergies and Anaphylaxis	
	Gastroenterology	
	Renal/Urology	
	Toxicology	
	Hematology	
	Environmental Conditions	
	Infectious and Communicable Diseases	
	Behavioral and Psychiatric Disorders	
	Gynecology	
	Obstetrics	
Special Considerations		**36**
	Neonatology	
	Pediatrics	
	Geriatrics	
	Abuse and Assault	
	Patients with Special Challenges	
	Acute Interventions for the Chronic Care Patient	
Operations		**20**
	Ambulance Operations	
	Medical Incident Command	
	Rescue Awareness and Operations	
	Hazardous Materials Incidents	
	Crime Scene Awareness	

Total		**292**

The Committee supported the idea that for each section of a module a title page to provide information as to the number of learning objectives identified as possessing new information compared to the total number of learning objectives.

Minimal contact hours were established for each module. This does not imply that topics in a module can be omitted. Every topic must be reviewed in class. However, it does not assign minimum contact hours for each topic, just for the overall module.

The next item the committee addressed concerned **competencies**.

The committee recommends keeping the broad definitions as written in the DOT curricula. Passed 10 for, 0 against, 0 abstain

The committee indicated the desire not to change national curricula. By not altering the national curricula facilitates the ability to recognize training from out of state.

For programs leading to certification at levels below that of Paramedic, the committee recommends requiring at least one endotrachael intubation performed on a human and/or no less than five endotrachael intubations performed on a mannequin that require airway problem solving issues using airway and ventilation based scenarios and requiring endotrachael intubation. ..Passed 10 for, 0 against, 0 abstain.

The committee recommends keeping at one the number of live non-intubated patients which students must demonstrate appropriate BVM ventilation. …Passed 10 for, 0 against, 0 abstain.

This was a long discussion and the importance of this maneuver was considered a necessary skill. The use of various outpatient service centers was recommended as options in lieu of hospital OR locations.

The use of past experience was discussed and the committee recommends keeping the criteria as indicated by the Competency Committee which is:

The committee recommends that each program have a written policy defining how it will determine whether a student starting a program can apply past experience or proven competency for their current program. In cases where the previous experience or competency is recognized, credit can only be awarded up to the competency number required for the level of certification held. Any additional competency numbers described for the higher level of certification being sought must be completed during the higher certification's training course. In all cases where a program awards credit for past experience or competency, such recognition requires that all competency number allowances have documentation supporting each competency recognition. (Example: 1) If three field intubations are accepted, then documentation must be submitted reflecting each skill performance. 2) If using a previous training program, then documentation from that program reflecting each time the skill competency was performed is required.)

Further, all recognized competencies must have occurred within one (1) year of the programs begin date. However, each skill must be documented as demonstrating competency during the current program. (If a program accepts previous competency documentation from a program and no more competency contacts are required based upon the curriculum, the current program must verify competency during its course of instruction. This process is described in a policy created by each program.) Passed 9 for, 0 against, 0 abstain.

The Committee recommends keeping all other competencies as approved by the competency committee. Passed 9 for, 0 against, 0 abstain.

The committee recommends the clinical aspect of the curricula not be restricted by time, and that programs must be cognitive of the availability of meeting clinical competencies when establishing programs to assure that class availability and size is compatible with clinical resources. … Passed 9 for, 0 against, 0 abstain.

The committee discussed issues surrounding the clinical aspect of the program. All agreed this aspect, of all the curricula, is the most unpredictable when determining duration. It is recognized as the one most significant aspect making these curricula longer than the current programs. However, the significance of clinical competencies, which has not been a part of any previous state program, cannot be underestimated. All those present felt that clinical competencies approach was a very useful educational aspect and greatly assisted toward producing an entry level provider. The committee expressed strong resistance in establishing a time frame, to include even a range. They expressed concern that it gave students a false indication of clinical completion.

The committee recommends the field aspect of the curricula not be restricted by time, and that programs must be cognitive of the availability of meeting field competencies when establishing programs to assure that class availability and size is compatible with field resources. … Passed 9 for, 0 against, 0 abstain.

The committee recommends the term Team Leader be used in lieu of AIC when referring to the field aspect of training.

The discussion was very similar to the previous clinical discussion and the same arguments used.

The committee recommends that programs require and document that all skills be demonstrated satisfactorily in a lab setting prior to allowing students to perform the skills in the clinical setting.

The committee then discussed how best to acknowledge past experience or competency in a skill and how to apply that toward meeting program competency.

The committee recommends that each program have a written policy defining how it will determine whether a student starting a program can apply past experience or proven competency for their current program. In cases where the previous experience or competency is recognized, credit can only be awarded up to the competency number required for the level of certification held. Any additional competency numbers described for the higher level of certification being sought must be completed during the higher certification's training course. In all cases where a program awards credit for past experience or competency, such recognition requires that all competency number allowances have documentation supporting each competency recognition. (Example: 1) If three field intubations are accepted, then patient documentation must be submitted reflecting each skill performance. 2) If using a previous training program, then documentation from that program reflecting each time the skill competency was performed is required.) Further, all recognized competencies must have occurred within one (1) year of the programs begin date. However, each skill must be documented as demonstrating competency during the current program. (If a program accepts previous competency documentation from a program and no more competency contacts are required based upon the curriculum, the current program must verify competency during its course of instruction. This process is described in a policy created by each program.)

In reviewing the skills identified by the Medical Direction Committee, the following recommendation is supported:

Each program must develop and use an evaluation tool for each medical direction committee skill described as essential as well as any optional skill taught by a program. Such tools will be part of the accreditation process.

The committee reviewed the list of alternative clinical facilities and the attached list includes new facilities.

The following provides examples of acceptable settings for each of the identified clinical areas but must not be considered to include all possibilities.

Clinical Settings	Purpose	Accepted locations
OR/RECOVERY	The purpose of this rotation is: 1) To manage patient's airway. 2) To practice airway maneuvers. 3) To view airway anatomy and apply airway physiology. 4) To observe and review anatomy. 5) To observe and learn, and apply assessment	1) Full service hospital surgery suites 2) Full service hospital recovery suites 3) Out Patient Surgery facilities

	techniques.	
Critical Care Units	The purpose of this rotation is: 1) Assess patients on various IV medications. 2) Assess the effects of multiple IV medications on patients. 3) To assess respiratory status of patients on ventilators. 4) To assess patients with acute critical illnesses. 5) To assess illness pathologies specific to a critical illness.	1) General Critical Care Unit 2) Cardiac Care Unit 3) Pediatric Intensive Care Unit 4) Neuro Intensive Care Unit 5) Pulmonary Intensive Care Unit 6) Post Cardiac Surgery Care Unit 7) Neonatal Intensive Care Unit 8) Burn Units 9) Critical Care Ambulance
Labor / Delivery	The purpose of this rotation is: 1) Assess the pregnant patient 2) Assess the patient in labor 3) To manage delivery 4) Assess for and manage complications of pregnancy, labor, and delivery.	1) Full service hospital Labor and Delivery suite 2) Specialized labor and delivery suite. 3) Home delivery supervised by a licensed midwife. 4) OB/GYN office/clinic
Pediatric Clinical Setting	The purpose of this rotation is: 1) Assess the pediatric patient 2) Perform medical interventions on pediatric patients	1) Pediatric Intensive Care Unit 2) Pediatric Hospital 3) Pediatric Physicians Office 4) Pediatric Clinic
Emergency Department	The purpose of this rotation is: 1) To assess patients presenting with various medical problems in a medically supervised facility.	1) Full service Hospitals Emergency Department. 2) Non Hospital based immediate care facility.

Other Clinical Settings	The purpose of this rotation is: 1) To allow the maximum patient contact in a supervised medical facility that allows the student to accomplish the clinical goals.	1) Family Practice Office 2) Mental Health Clinic 3) Mental Health/Crisis Facility 4) Dialysis Clinic 5) Neuro/Rehab. Centers 6) Community Based Health Clinics 7) Detox Facilities 8) Extended / Longterm Care Facilities 9) Community Services Board 10) Home Health with Nursing Programs.
Precepted AIC	The purpose of this rotation is: 1) To assure the student is capable of functioning as an entry-level provider in the prehospital environment. 2) To evaluate the students ability to apply course knowledge to field situations	1) Licensed ALS Emergency EMS agencies.

I Paramedic Skills Competency:

Psychomotor Skills:

The student must demonstrate the ability to safely administer medications.

The student must safely, and while performing all steps of each procedure, properly administer medications at least 15 times to live patients.

Committee added: Any route

The student must demonstrate the ability to safely perform endotracheal intubation.

The student must safely, and while performing all steps of each procedure, successfully intubate at least 1 live patients.

The student must demonstrate the ability to safely gain venous access in all age group patients.

The student must safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on live patients of various age groups.

Committee: Defined age groups as:
Peds: 0-17
Adult: 18-64
Geriatric: 65+
At least one in each age group.

The student must demonstrate the ability to effectively ventilate unintubated patients of all age groups.

The student must effectively, and while performing all steps of each procedure, ventilate at least one (1) live patient of various age groups.

Committee: Allow the use of mannequins for various age groups.

<u>AGES</u>

The student must demonstrate the ability to perform a comprehensive assessment on pediatric patients.

The student must perform a comprehensive patient assessment on at least 30 (including newborns, infants, toddlers, and school age) pediatric patients.

Committee: Adopted with pediatric age range from 0-17 years.

The student must demonstrate the ability to perform a comprehensive assessment on adult patients.

The student must perform a comprehensive patient assessment on at least 50 adult patients.

Committee: Adopted

The student must demonstrate the ability to perform a comprehensive assessment on geriatric patients.

The student must perform a comprehensive patient assessment on at least 30 geriatric patients.

Committee: Adopted

PATHOLOGIES

The student must demonstrate the ability to perform a comprehensive assessment on obstetric patients.

The student must perform a comprehensive patient assessment on at least 10 obstetric patients.

Committee: Adopted defining obstetric patient as any patient assessed for Pregnancy, labor, or delivery.

The student must demonstrate the ability to perform a comprehensive assessment on trauma patients.

The student must perform a comprehensive patient assessment on at least 40 trauma patients.

Committee: Adopted Defined Trauma as any type or severity of injury caused by an external force.

The student must demonstrate the ability to perform a comprehensive assessment on psychiatric patients.

The student must perform a comprehensive patient assessment on at least 20 psychiatric patients.

Committee: Adopted – Psychiatric patients defined as any person who actively presents with an abnormal or maladaptive behavior.

COMPLAINTS

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with chest pain.

The student must perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 30 patients with chest pain.

Committee: Adopted

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress.

The student must perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 adult patients with dyspnea/respiratory distress.

Committee: Adopted

The student must perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 8 pediatric patients (including infants, toddlers, and school age) with dyspnea/respiratory distress.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with syncope.

The student must perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 10 patients with syncope.

Committee: Syncope defined to include any reported brief loss of consciousness associated with a current medical event.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with abdominal complaints.

The student must perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 patients with abdominal complains (for example: abdominal pain, nausea/vomiting, GI bleeding, gynecological complaint, etc.)

Committee: Adopted

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with altered mental status.

The student must perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 patients with altered mental status.

Committee: Adopted and to include AMS from any cause.

TEAM LEADER SKILLS

The student must demonstrate the ability to serve as a team leader in variety of prehospital emergency situations.

The student must serve as the team leader for at least 50 prehospital emergency responses.

Committee: Adopted

II Intermediate:

PSYCHOMOTOR SKILLS

The student must demonstrate the ability to safely administer medications.

The student must safely, and while performing all steps of each procedure, properly administer medications at least 15 times to live patients.

Committee: Any Route

The student must demonstrate the ability to safely perform endotracheal intubation.

The student must safely, and while performing all steps of each procedure, successfully intubate at least 1 live patients.

Committee: For programs leading to certification at levels below that of Paramedic, the committee recommends requiring at least one endotrachael intubation performed on a human and/or no less than five endotrachael intubations performed on a mannequin that require airway problem solving issues using airway and ventilation based scenarios and requiring endotrachael intubation.

The student must demonstrate the ability to safely gain venous access in all age group patients.

The student must safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on live patients of various age groups.

Committee: Defined age groups as:
Peds: 0-17
Adult: 18-64
Geriatric: 65+
At least one in each age group.

The student must demonstrate the ability to effectively ventilate unintubated patients of all age groups.

The student must effectively, and while performing all steps of each procedure, ventilate at least 1 live patients of various age groups.

Committee: Adopted

AGES

The student must demonstrate the ability to perform an advanced assessment on pediatric patients.

The student must perform an advanced patient assessment on at least 15 (including newborns, infants, toddlers, and school age) pediatric patients.

Committee: Adopted with pediatric age range from 0-17 years.

The student must demonstrate the ability to perform a compressive assessment on adult patients.

The student must perform an advanced patient assessment on at least 25 adult patients.

Committee: Adopted

The student must demonstrate the ability to perform an advanced assessment on geriatric patients.

The student must perform an advanced patient assessment on at least 15 geriatric patients.

Committee: Adopted

PATHOLOGIES

The student must demonstrate the ability to perform an advanced assessment on obstetric patients.

The student must perform an advanced patient assessment on at least 5 obstetric patients.

Committee: Adopted defining obstetric patient as any patient assessed for Pregnancy, labor, and delivery.

The student must demonstrate the ability to perform an advanced assessment on trauma patients.

The student must perform an advanced patient assessment on at least 20 trauma patients.

Committee: Adopted Defined Trauma as any type or severity of injury caused by an external force.

The student must demonstrate the ability to perform an advanced assessment on psychiatric patients.

The student must perform an advanced patient assessment on at least 10 psychiatric patients.

Committee: **Adopted – Psychiatric patients defined as any person who actively presents with an abnormal or maladaptive behavior**.

COMPLAINTS

The student must demonstrate the ability to perform an advanced assessment, formulate and implement a treatment plan for patients with chest pain.

The student must perform an advanced patient assessment, formulate and implement a treatment plan on at least 15 patients with chest pain.

Committee: Adopted

The student must demonstrate the ability to perform an advanced assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress.

The student must perform an advanced patient assessment, formulate and implement a treatment plan on at least 10 adult patients with dyspnea/respiratory distress.

Committee: Adopted

The student must perform an advanced patient assessment, formulate and implement a treatment plan on at least 4 pediatric patients (including infants, toddlers, and school age) with dyspnea/respiratory distress.

Committee: Adopted Defined Age group to include 0-17 years of age.

The student must demonstrate the ability to perform an advanced assessment, formulate and implement a treatment plan for patients with syncope.

The student must perform an advanced patient assessment, formulate and implement a treatment plan on at least 5 patients with syncope.

Committee: Syncope defined to include any reported brief loss of consciousness associated with a current medical event.

The student must demonstrate the ability to perform an advanced assessment, formulate and implement a treatment plan for patients with abdominal complaints.

The student must perform an advanced patient assessment, formulate and implement a treatment plan on at least 10 patients with abdominal complains (for

example: abdominal pain, nausea/vomiting, GI bleeding, gynecological complaint, etc.)

Committee: Adopted

The student must demonstrate the ability to perform an advanced assessment, formulate and implement a treatment plan for patients with altered mental status.

The student must perform an advanced patient assessment, formulate and implement a treatment plan on at least 10 patients with altered mental status.

Committee: Adopted and to include AMS from any cause.

TEAM LEADER SKILLS

The student must demonstrate the ability to serve as a team leader in variety of prehospital emergency situations.

The student must serve as the team leader for at least 10 prehospital emergency responses.

Committee: Adopted as amended to "10" (ten) responses.

Define: The team leader role allows the student to act as a team leader while being precepted by the programs trained preceptor.